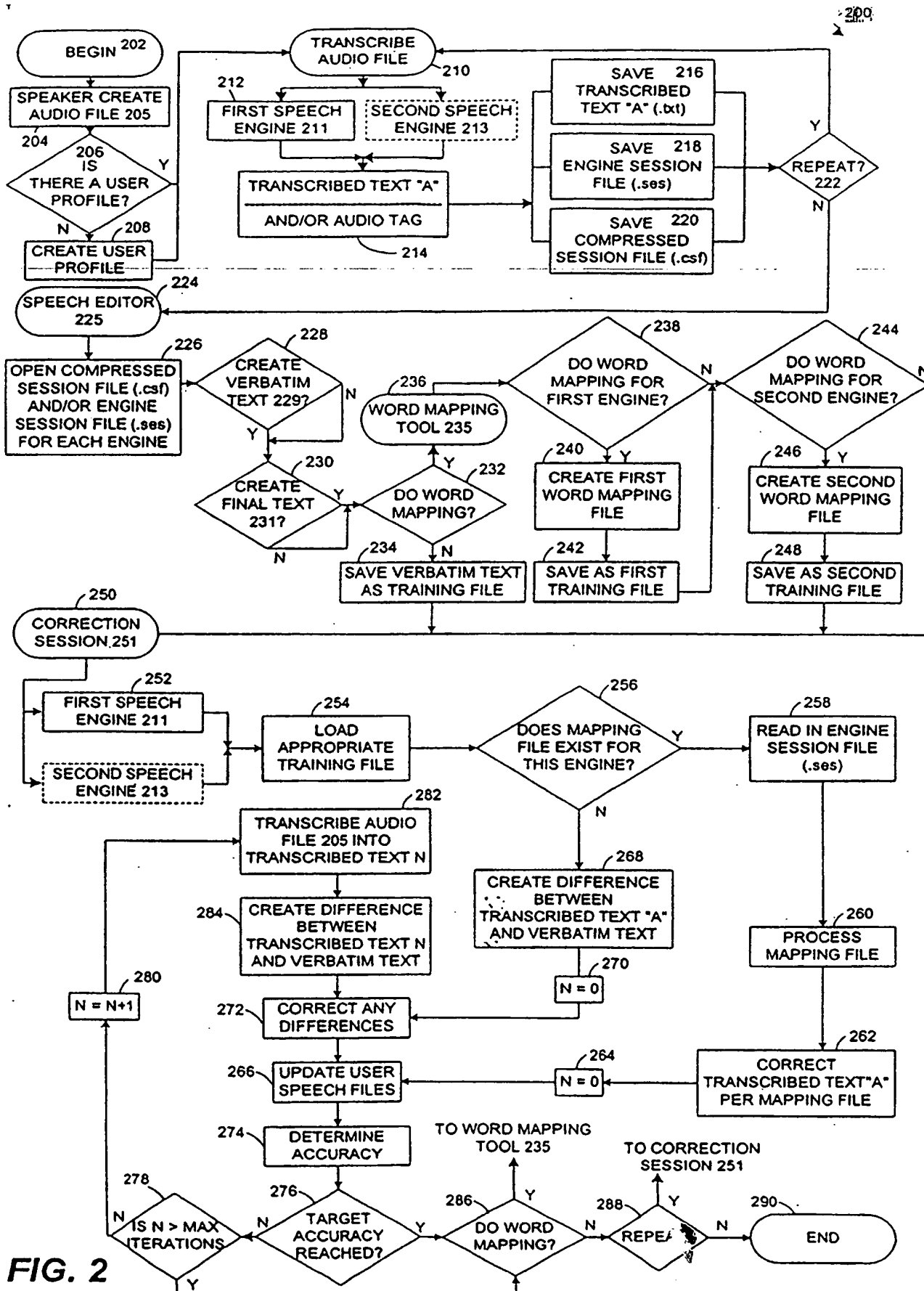


FIG. 1



300

Compare and Correct - Mode: Differences

Option Tools Help

Load Next App Play Differences Matches All End Text Auto Find

Source Texts

302 A The visual studio in isolation was it will install latest

304 B Toaster your isolation was at once the latest

Report Text

306 R The Visual Studio installation wizard will install the latest

Report Text

308 Verbatim Text

V The Visual Studio installation wizard will install the latest

View

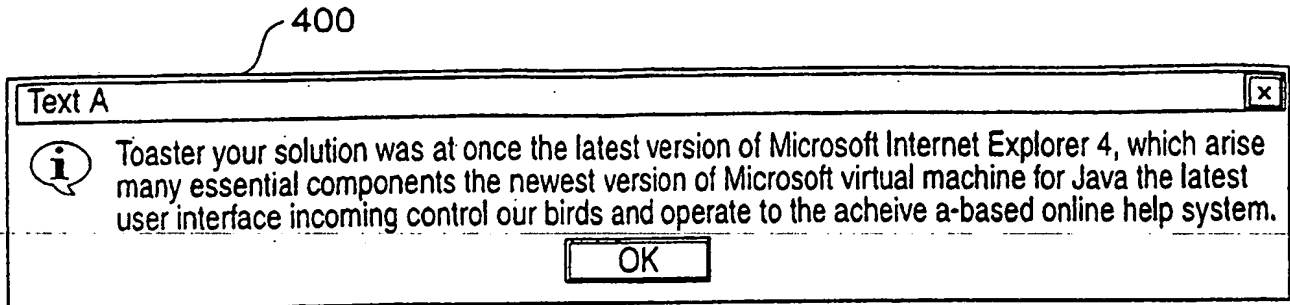
Text A Text B Report Verbatim

Save

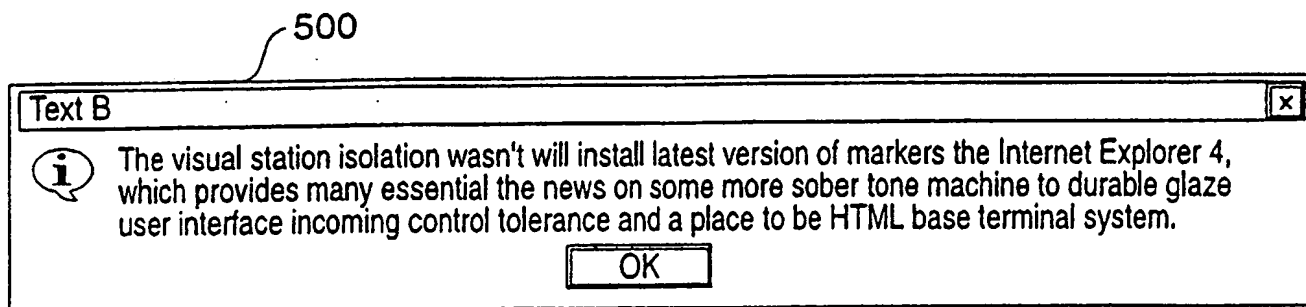
Job ID	Subject	Document	Author	Route	Priority	Keyword	Comment

Correct the errors in each utterance then press forward to continue to the next set.

FIG. 3

**FIG. 4**

Text A window.

**FIG. 5**

Text B window.

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600 TwoEnginesLoaded	
File Edit View Options Tools Window Help	
<p>Secondary Transcribed Text</p> <p>610</p> <p>Chest and lateral</p> <p>History: Himalayan.</p> <p>Referring physician: Thatcher Smith.</p> <p>Heart size is mildly enlarged. There are prominent marking of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying tumor. Incidental note is made and degenerative changes are the spine in shelters. Follow-up chest and lateral and 46 weeks is advised.</p> <p>Impression: no definite evidence for active pneumonia.</p>	<p>Verbatim Text - 100.00% Accuracy</p> <p>606</p> <p>Just and lateral</p> <p>History: pneumonia.</p> <p>Referring physician: Doctor Smith.</p> <p>Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fights to.</p> <p>Impression: no definite evidence for active in London.</p>
<p>Transcribed Text</p> <p>602</p> <p>Just and lateral</p> <p>History: an amnonia.</p> <p>Referring physician: doctors mel.</p> <p>Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fits to.</p> <p>Impression: no definite evidence for active in London.</p>	<p>Final Text</p> <p>608</p> <p>Just and lateral</p> <p>History: pneumonia.</p> <p>Referring physician: Doctor Smith.</p> <p>Hart died as mildly enlarged. There are prominent barking of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks if it fights to.</p> <p>Impression: no definite evidence for active in London.</p>
<p>OVIR</p> <p>Author: Mickey</p> <p>UserID: 00000002</p>	<p>Vocab: LS English</p> <p>Language: 1033</p> <p>Voc</p>

FIG. 6

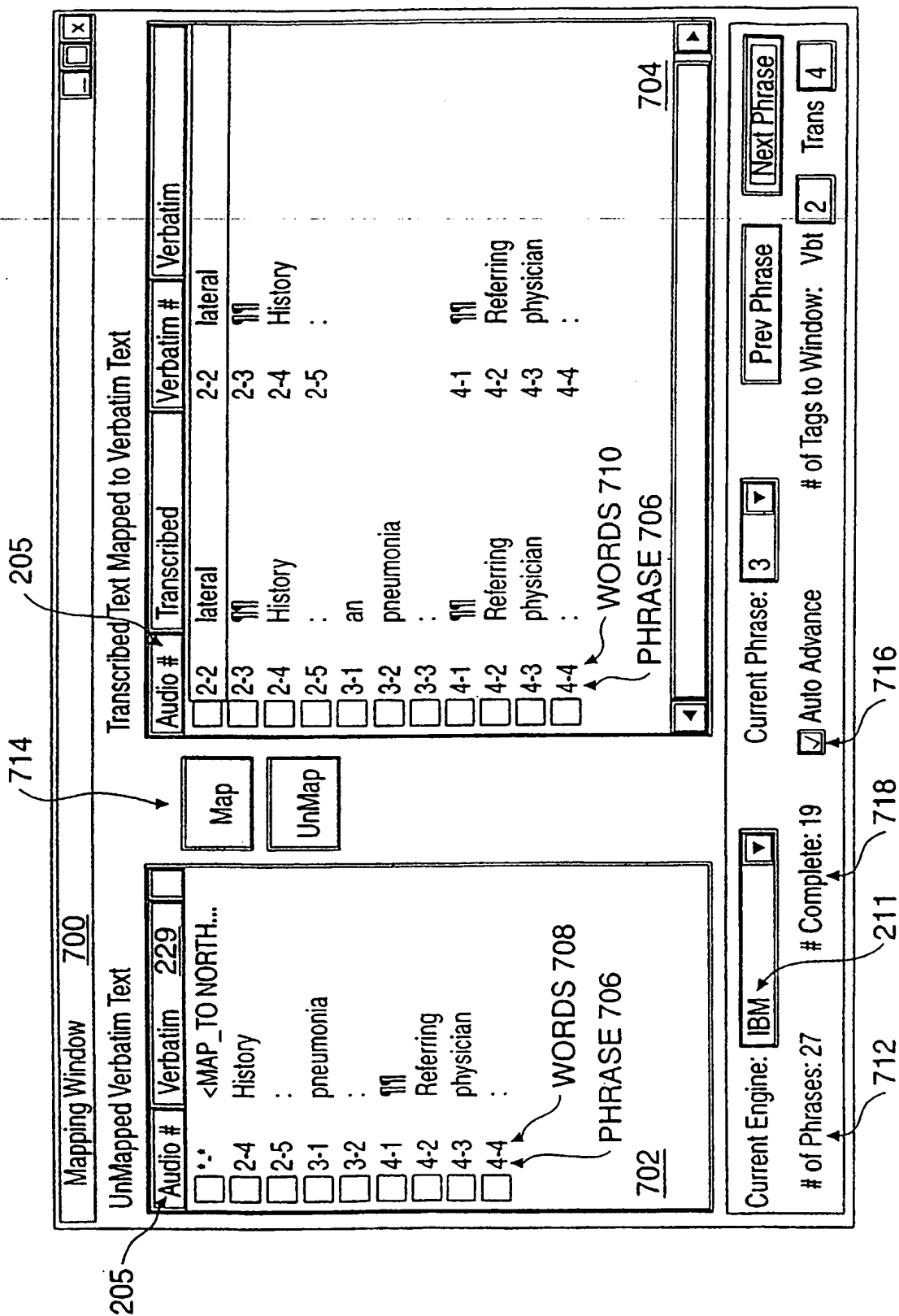


FIG. 7

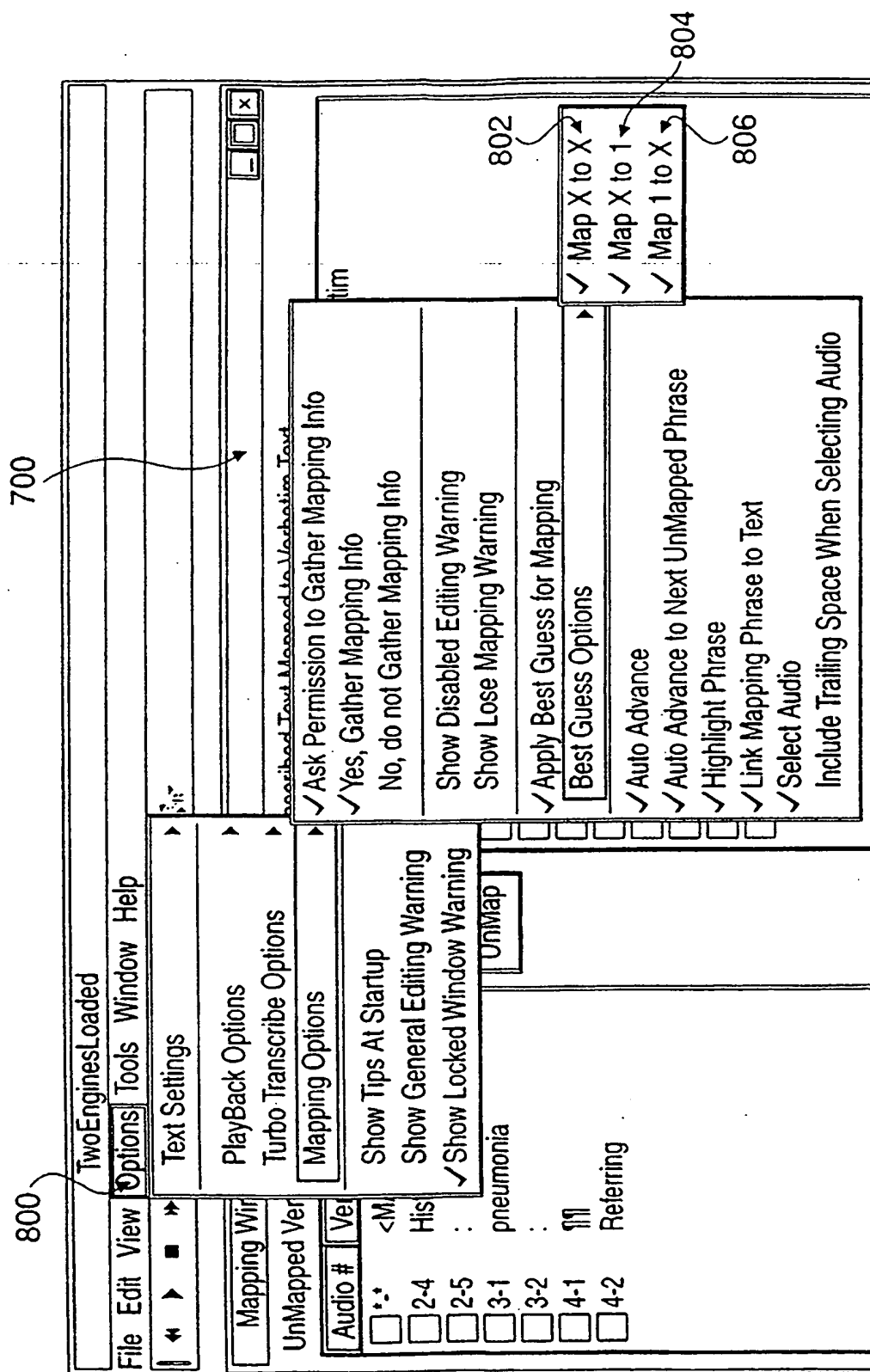


FIG. 8

10/519221

Two Engines Loaded

File Edit View Options Tools Window Help

Mapping Window

Unmapped Verbatim Text

Audio Verbatim

2-2 <MAP TO NORTH

2-4 History

2-5 : pneumonia

3-1 : pneumonia

3-2 : pneumonia

4-1 : pneumonia

4-2 : pneumonia

Map

UnMap

Transcribed Text Mapped to Verbatim Text

Audio Transcribed Verbatim

2-2 lateral 2-2 lateral

2-3 11 2-3 11

2-4 History 2-4 History

2-5 : 2-5 :

3-1 an 3-1 an

3-2 pneumonia 3-2 pneumonia

3-3 : 3-3 :

4-1 11 4-1 11

4-2 Referring 4-2 Referring

4-3 physician 4-3 physician

4-4 : 4-4 :

702

704

Current Engine: IBMV8

Current Phrase: 3

Prev Phrase

Next Phrase

# of Phrases: 27

Complete: 26

Auto Advance

# of Tags to Window: Vol 2

Trans 4

Secondary Transcribed Text (CSUSA Session: Dragon-1.ps2) - 54.12% Accuracy

Chest and lateral

History: Himalayan

Referring physician: Thatcher Smith.

Heart size is mildly enlarged. There are prominent markings of the left lower lung fields. Findings may represent residual pneumonia or scarring. The right lung is clear. There is no evidence for underlying tumor. Incidental note is made and degenerative changes are the spine in shiflers. Follow-up chest and lateral and 46 weeks is advised.

Impression: no definite evidence for active pneumonia.

604

Transcribed Text (CSUSA Session: IBM-3.ps1) 98.82% Accuracy

Just and lateral

History: an ammonia

Referring physician: doctors mel

Hart died as mildly enlarged. There are prominent markings of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks it fits to.

Impression: no definite evidence for active in London.

602

Verbatim Text - 100.00% Accuracy

Just and lateral

History: pneumonia

Referring physician: Doctor Smith.

Hart died as mildly enlarged. There are prominent markings of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks it fits to.

Impression: no definite evidence for active in London.

606

Final Text

Just and lateral

History: pneumonia

Referring physician: Doctor Smith.

Hart died as mildly enlarged. There are prominent markings of the locked Laura Lund fields. Finding and neighbors back to residual and Loma or scarring. The right line is clear. There is no evidence to for underlying tumor. And the tunnel now it may add degenerative changes are the spine and shoulders. Fallout South and lateral and 46 weeks it fits to.

Impression: no definite evidence for active in London.

608

User ID: 00000002

Author: Mckay, Debbie

Language: en\_us

Version: Debug

Modified: 11-15-2001

FIG. 9



## PROCESS 1000

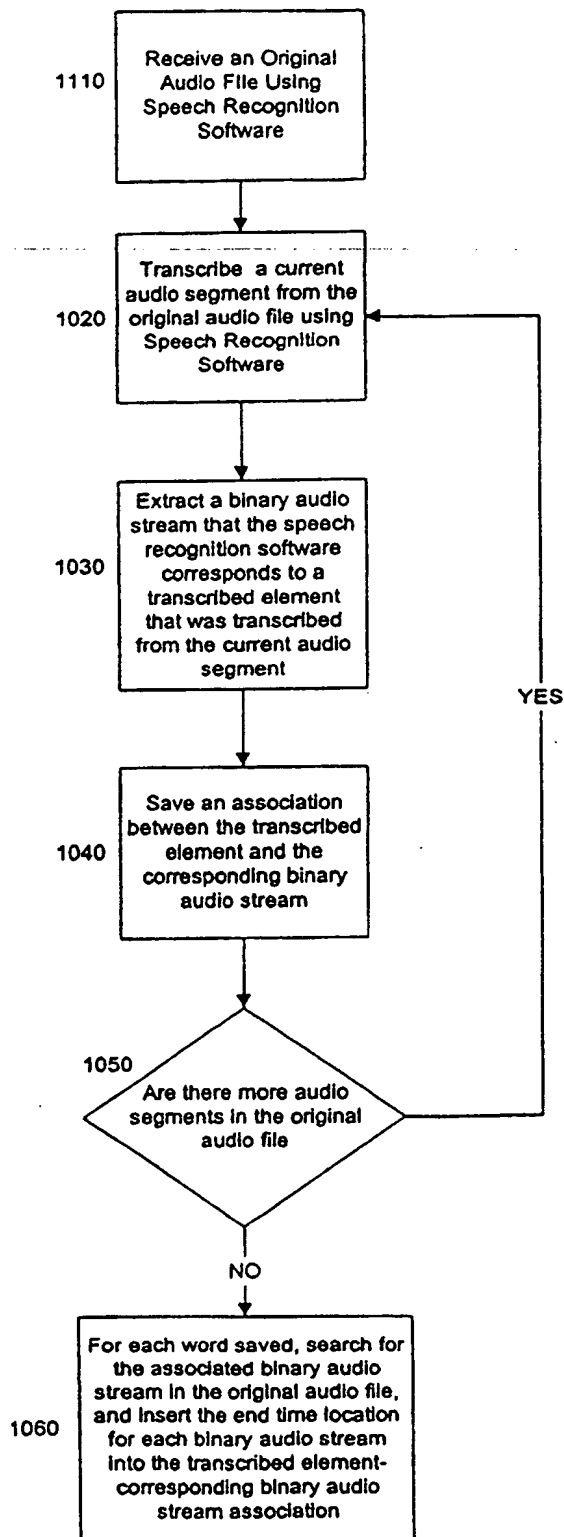


FIG. 10

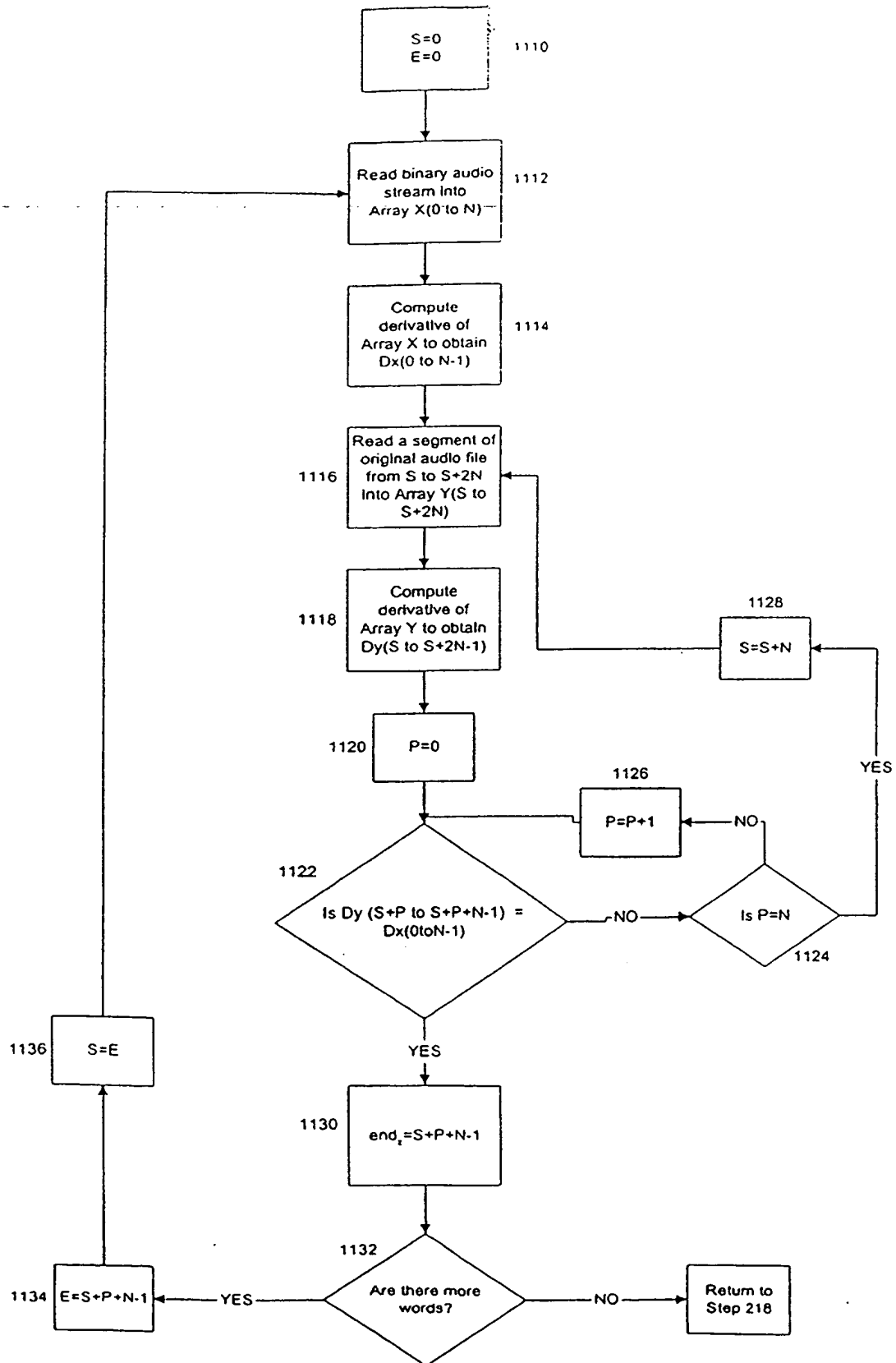


FIG. 11

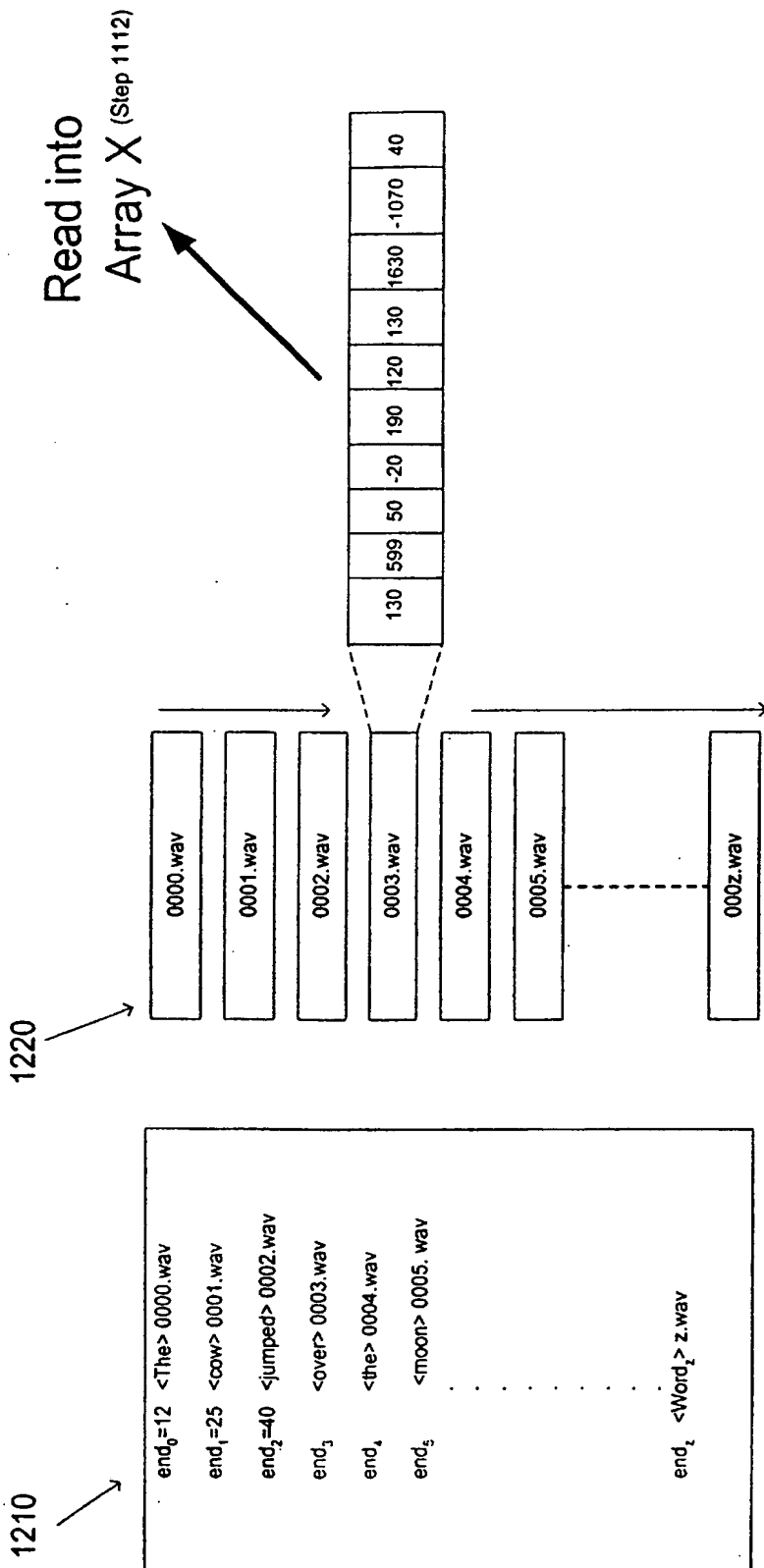


FIG. 12a

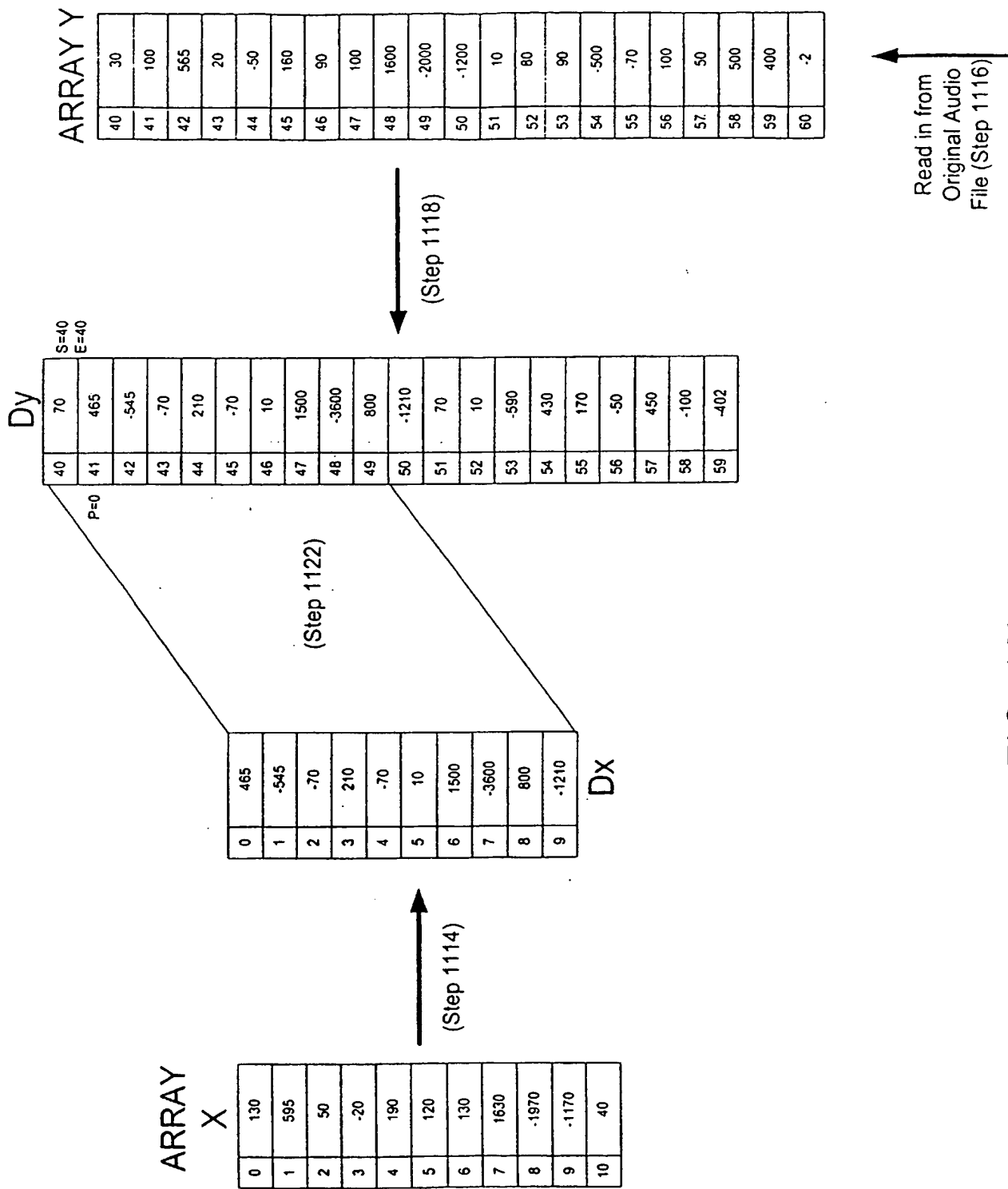


FIG. 12b

10/519221

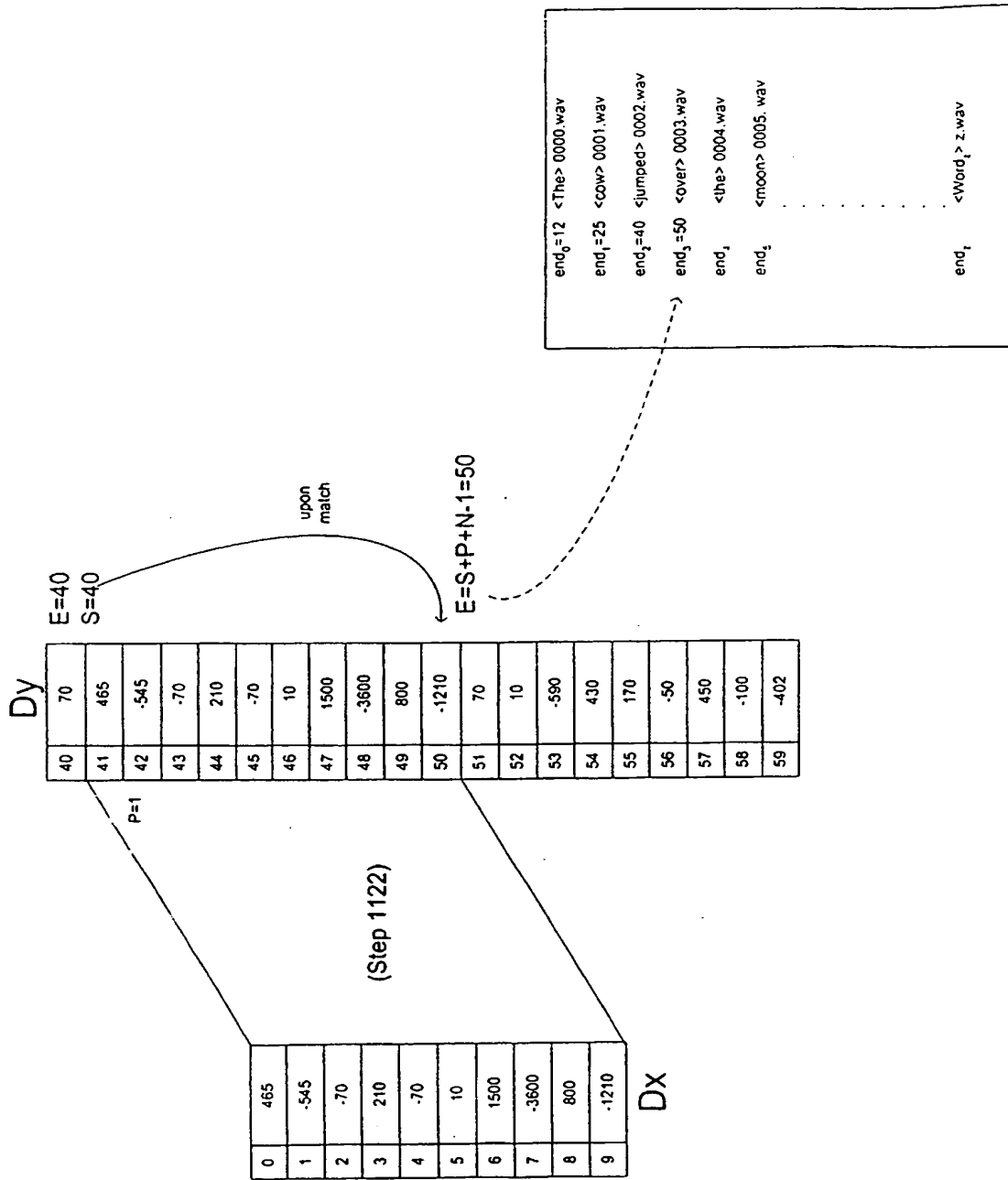


FIG. 12C

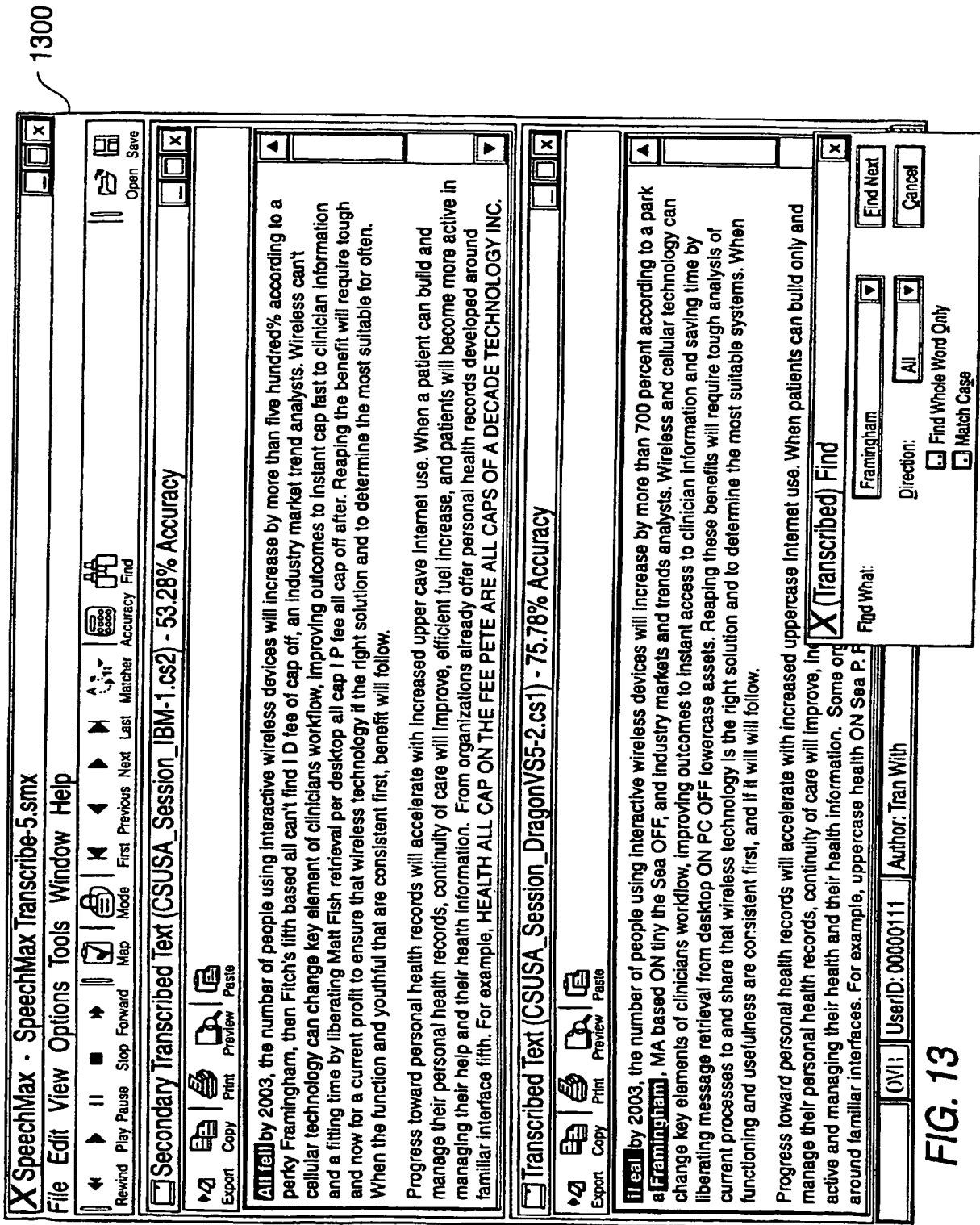


FIG. 13

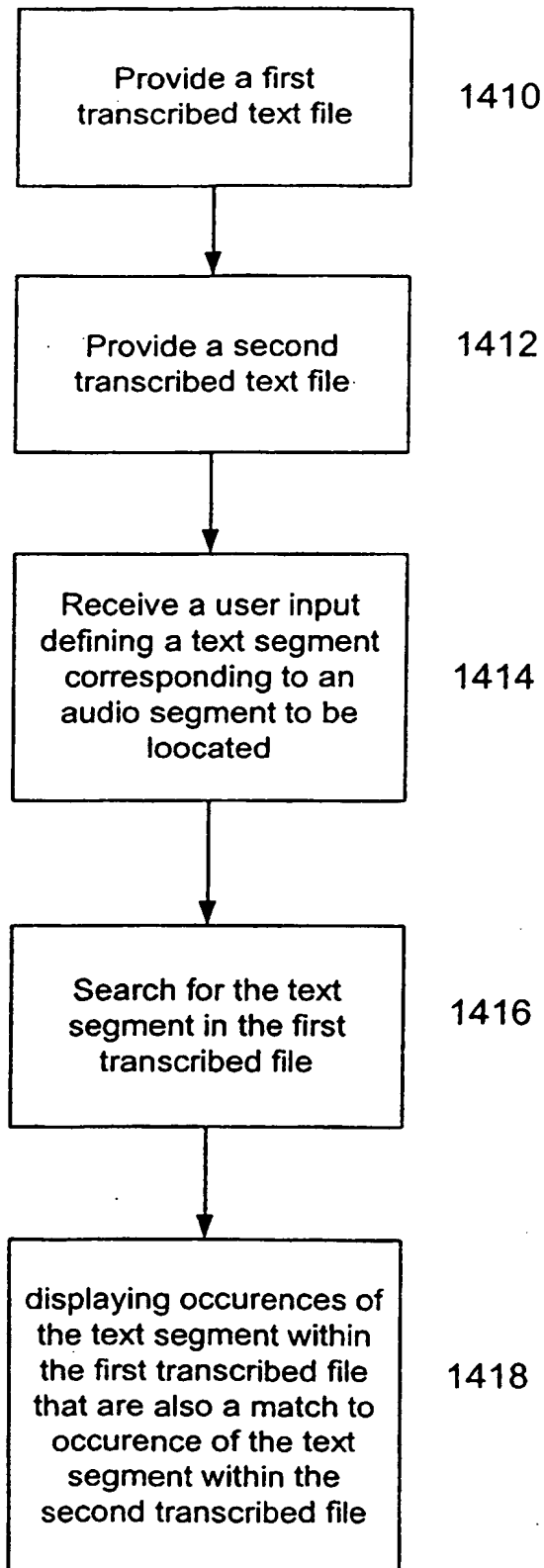


FIG. 14

**XSpeechMax - T13-SpeechMax Transcribe-5.smx**  
File Edit View Options Tools Window Help

Secondary Transcribed Text (Document 1 - Initial Visit.txt) - 15.77% Accuracy

History and Physical

Patient Name: Henry Russell  
Date of Birth: June 14, 1952  
Medical Record Number: 456-61-6385  
Chief Complaint: Epigastric pain  
Patiency Encounter: Initial Evaluation/Morrison Outpatient Center

1504

Final Text - 100.00% Accuracy

History and Physical

Patient name: henry ruffile  
date of Birth: June 141952  
buckle record number: 456--6 1--6385  
chief complaint: epigastric pain  
patiency encounter: follow-up/more to outpatient better

1502

Language: 1033 Vocab: US English Modified: 06-25-2002

User ID: 00000021 Author: (OVI)

FIG. 15



## Document 1--Initial Visit

## History and Physical

Patient Name: Henry Russell  
Date of Birth: June 14, 1952  
Medical Record Number: 456-61-6385  
Chief Complaint: Epigastric pain  
Patient Encounter: Initial Evaluation/Morrison Outpatient Center  
Examination Date: June 17, 2002  
Referring Physician: Dr. Albert Block  
Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Negative for occult blood. Prostate negative for masses.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Prilosec, 20 milligrams, one tab per day times 7 days. Followup office visit in 1 week.

*FIG. 16*

## Document 2--Second Visit

## History and Physical

Patient Name: Henry Russell  
Date of Birth: June 14, 1952  
Medical Record Number: 456-61-6385  
Chief Complaint: Epigastric pain  
Patient Encounter: Followup/Morrison Outpatient Center  
Examination Date: June 24, 2002  
Referring Physician: Dr. Albert Block  
Examining Physician: Dr. Henry M. Steele

History: Mr Russell is a 50 year old white male referred to me for intermittent epigastric pain. He self medicated with several over the counter drugs including Mylanta and Tagamet for several weeks before seeing his primary physician Dr. Block in late May. History and physical showed no significant abnormality. CBC and stool for occult blood was negative. Upper GI showed slight prominence of the gastric folds, suggestive of gastritis. Patient was referred for further evaluation. Patient complains of continued symptoms. He is otherwise in good health. Review of systems is noncontributory. He has no allergies and denies smoking, coffee, alcohol, or drug use. After one week course of proton inhibitors he has no complaints.

On examination: Well developed, well nourished male. No acute distress. Oriented times 3. Vital signs are stable.

Head: Head normocephalic. Pupils equally round and reactive to light with accommodation. Hearing normal. Ears, nose, and throat not evaluated.

Neck: Supple. No significant adenopathy.

Chest: Lungs clear to auscultation and percussion. Heart sounds normal with no murmurs or rubs. Normal sinus rhythm.

Abdomen: Normal bowel sounds. Nontender. No palpable masses.

Rectum: Not examined.

Extremities: No cyanosis, clubbing, or edema. Old gunshot wound entry site right upper arm.

Neurological: Cranial nerves 2-12 intact.

Assessment and Plan: Continue with over the counter medications on an as needed basis. Return visit if required.

*FIG. 17*

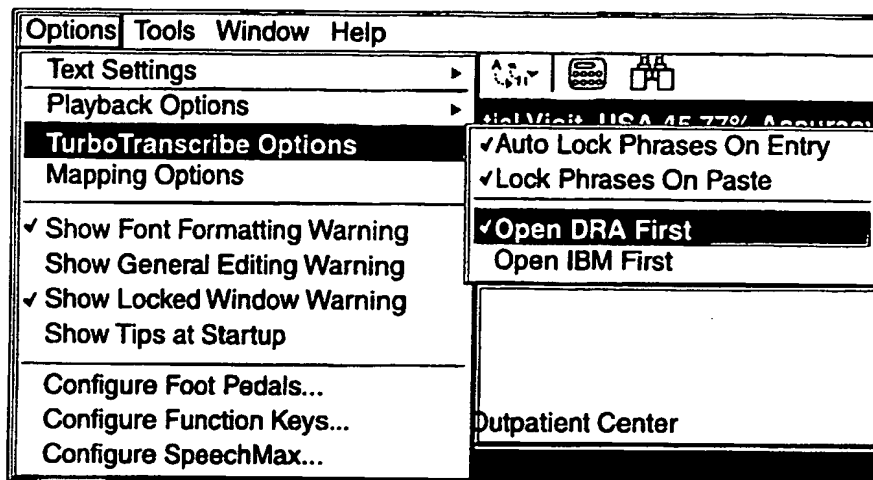


FIG. 18

FIG. 19

